

Town of Burrillville
Public Records Request Form
For Records under the
Access to Public Records Act



Date: _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____ Email (optional) _____

Note: Contact information is optional but would be helpful in providing a cost estimate and contacting you when documents are ready or if additional information is needed.

I am requesting **1)** to inspect **2)** to be provided with copies
of the following records:

OFFICE USE ONLY

(date stamp)	Request Taken By:			
	Deposit Requested	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Amount \$
	Records provided (date)			

Costs: See attached procedures for the fee schedule.

Search & Retrieval	\$	Copies	\$	Deposit	\$	Total	\$
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Burrillville Town Clerk
105 Harrisville Main St.
Harrisville, RI 02830
(401) 568-4300